

Res'd PCT/PTO 29 JUL 2005

COPY

PTO/SB/80 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23117

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☐ The address associated with Customer Number:

OR

|  |       |     |     |
|--|-------|-----|-----|
| <input type="checkbox"/> Firm or Individual Name |       |     |     |
| Address  |       |     |     |
| City   | State | Zip |     |
| Country  |       |     |     |
| Telephone  |       |     | Fax |

Assignee Name and Address:

Lonza Biologics plc.  
228 Bath Road  
Slough SL 14DY  
Berkshire, United Kingdom

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

|           |                          |           |                             |
|-----------|--------------------------|-----------|-----------------------------|
| Signature | <i>JR Birch</i>          | Date      | 14 <sup>th</sup> April 2005 |
| Name      | JR BIRCH                 | Telephone | (0)1753 716576              |
| Title     | CHIEF SCIENTIFIC OFFICER |           |                             |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**BEST AVAILABLE COPY**

RECORDATION FORM COVER SHEET

PATENTS ONLY

Our Ref.: 4145-22

Mail Stop Assignment Recordation Services

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**COPY**

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

|  |   |  |
|--|---|--|
| <b>1. Name of conveying party(ies):</b><br>Robert KALLMEIER<br>Robert GAY<br><br>Additional name/s of conveying party/ies attached? <input type="checkbox"/><br><br><b>3. Nature of conveyance:</b><br><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger<br><input type="checkbox"/> Security Assignment <input type="checkbox"/> Change of Name<br><input type="checkbox"/> Other<br><br>Execution Date: 5/14/2005 & 4/28/2005 |   | <b>2. Name and address of receiving party(ies):</b><br><br>Name: LONZA BIOLOGICS PLC.<br>Internal Address:<br>Street Address: 228 Bath Road, Slough<br><br>City: Berkshire<br>State/Country: Great Britain<br>Zip: SL1 4DY<br><br>Additional name/s & address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>4. Application number(s) or patent number(s):</b><br>If this document is being filed together with a new application, the execution date of the application is:<br><br>A. Patent Application No(s).<br>(1) 10/521,768<br>(2)<br>(3)<br><br>B. Patent No(s).<br>(1)<br>(2)<br>(3)<br><br>Additional numbers attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |  |
| <b>5. Name and address of party to whom correspondence concerning document should be mailed:</b><br><br>Name: B. J. Sadoff<br><br>Internal Address:<br><br>Street Address: Nixon & Vanderhye P.C.<br>901 North Glebe Road<br>11th Floor<br>City: Arlington State: VA Zip: 22203  | <b>6. Total number of applications &amp; patents involved:</b> 1<br><br><b>7. Total fee (37 CFR 3.41) (8021) \$</b> 40.00<br><input checked="" type="checkbox"/> Enclosed<br><input type="checkbox"/> Authorized to be charged to deposit account #14-1140<br><br><b>8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.</b> |  |
| <b>DO NOT USE THIS SPACE</b>   |   |  |
| <b>9. Statements and signature.</b><br>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.<br><br>B. J. Sadoff<br>Name of Person Signing<br>Reg. No. 36,663<br><br>Signature<br><br>July 27, 2005<br>Date<br><br>Total number of pages including original cover sheet, attachments, and document: [2]   |   |  |

BEST AVAILABLE COPY

